

Utah Department of Human Services  
Office of Recovery Services  
Child Support Services

## STATEMENT OF ARREARAGE CLAIMED

### INSTRUCTIONS:

**You must complete this form if you are receiving cash assistance and past due support is owed under an order, or if you are not receiving cash assistance but would like ORS/CSS to pursue the collection of your ordered past due support.** Use this form to list the amount of past-due child support that is owed for each year from the date of the order forward. Use a separate page to list any additional years and/or any past-due court ordered spousal support (alimony). Also list separately medical support arrearages if the court ordered a **specific monthly dollar amount**. Do not include other types of medical support expenses on this statement. **Also, do not include monthly court ordered child care expenses or interest on this form.** We only collect **ongoing** monthly child care expenses and interest if specific criteria are met. Refer to the "Notice of Services" (form ANIA) or contact an ORS/CSS agent for more information.

**We will try to enforce a sum-certain judgment from the court that you obtain for past-due child care, medical support, or interest.** Attach a copy of any child care, medical support, or interest judgments that you have obtained and list all payments received toward the judgments. If the judgment was taken in Utah, we will apply Utah's eight year statute of limitations to collect on judgments, or Utah's duration of judgment law (when the last child reaches the age of majority plus 4 years), whichever period is the longer of the two. If the judgment was taken by another state, we will compare that state's statute of limitations with Utah's, and apply the longer of the two.

Complete the section on page 2 of this form as follows:

- In the **AMT ORD (amount ordered)** column, enter the amount of child support the non-custodial parent is ordered to pay each month.
- In the **AMT PAID** column, enter the amount of child support the non-custodial parent paid each month.
- In the **AMT OWED** column, enter the difference between the amount that was ordered and the amount that was paid each month.
- In the **ASST Y or N** column, enter "Y" (yes) if you received cash assistance from any state during that month. Enter "N" (no) if no cash assistance was received during that month.

**EXAMPLE:** Beginning in March, 2003 the non-custodial parent was ordered to pay \$200 per month for child support. Since that time the non-custodial parent paid as follows: \$200 in March, \$200 in June, and \$125 in December. The child support arrears statement would be completed as shown.

<u>YEAR</u>	<u>AMT</u>	<u>AMT</u>	<u>AMT</u>	<u>ASST</u>
<u>2003</u>	<u>ORD</u>	<u>PAID</u>	<u>OWED</u>	<u>Y or N</u>
JAN	0	0	0	N
FEB	0	0	0	N
MAR	200	200	0	N
APR	200	0	200	Y
MAY	200	0	200	Y
JUN	200	200	0	Y
JUL	200	0	200	Y
AUG	200	0	200	Y
SEP	200	0	200	N
OCT	200	0	200	N
NOV	200	0	200	N
DEC	200	125	75	N
TOTAL	2000	525	1475	

**IF THIS FORM IS INCOMPLETE OR NOT SIGNED AND DATED, WE WILL ONLY ATTEMPT TO COLLECT THE MONTHLY CURRENT SUPPORT AMOUNT.** Attach additional pages if necessary.

**THIS SIDE  
FOR OFFICE  
USE ONLY**

Non-Custodial Parent's Name Order Date Civil Number

<u>YEAR</u>	<u>AMT</u> <u>ORD</u>	<u>AMT</u> <u>PAID</u>	<u>AMT</u> <u>OWED</u>	<u>ASST</u> <u>Y or N</u>
JAN	_____	_____	_____	_____
FEB	_____	_____	_____	_____
MAR	_____	_____	_____	_____
APR	_____	_____	_____	_____
MAY	_____	_____	_____	_____
JUN	_____	_____	_____	_____
JUL	_____	_____	_____	_____
AUG	_____	_____	_____	_____
SEP	_____	_____	_____	_____
OCT	_____	_____	_____	_____
NOV	_____	_____	_____	_____
DEC	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

<u>YEAR</u>	<u>AMT</u> <u>ORD</u>	<u>AMT</u> <u>PAID</u>	<u>AMT</u> <u>OWED</u>	<u>ASST</u> <u>Y or N</u>
JAN	_____	_____	_____	_____
FEB	_____	_____	_____	_____
MAR	_____	_____	_____	_____
APR	_____	_____	_____	_____
MAY	_____	_____	_____	_____
JUN	_____	_____	_____	_____
JUL	_____	_____	_____	_____
AUG	_____	_____	_____	_____
SEP	_____	_____	_____	_____
OCT	_____	_____	_____	_____
NOV	_____	_____	_____	_____
DEC	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

<u>YEAR</u>	<u>AMT</u> <u>ORD</u>	<u>AMT</u> <u>PAID</u>	<u>AMT</u> <u>OWED</u>	<u>ASST</u> <u>Y or N</u>
JAN	_____	_____	_____	_____
FEB	_____	_____	_____	_____
MAR	_____	_____	_____	_____
APR	_____	_____	_____	_____
MAY	_____	_____	_____	_____
JUN	_____	_____	_____	_____
JUL	_____	_____	_____	_____
AUG	_____	_____	_____	_____
SEP	_____	_____	_____	_____
OCT	_____	_____	_____	_____
NOV	_____	_____	_____	_____
DEC	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

<u>YEAR</u>	<u>AMT</u> <u>ORD</u>	<u>AMT</u> <u>PAID</u>	<u>AMT</u> <u>OWED</u>	<u>ASST</u> <u>Y or N</u>
JAN	_____	_____	_____	_____
FEB	_____	_____	_____	_____
MAR	_____	_____	_____	_____
APR	_____	_____	_____	_____
MAY	_____	_____	_____	_____
JUN	_____	_____	_____	_____
JUL	_____	_____	_____	_____
AUG	_____	_____	_____	_____
SEP	_____	_____	_____	_____
OCT	_____	_____	_____	_____
NOV	_____	_____	_____	_____
DEC	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

**I ATTEST THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN ACCORDANCE WITH U.C.A. 62A-11-303.5. IF I KNOWINGLY PROVIDE FALSE OR MISLEADING INFORMATION I AM IN VIOLATION OF U.C.A. 76-8-504 AND MAY BE SUBJECT TO PROSECUTION, CASE CLOSURE, OR BOTH.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date